







Date: _____

Name:
Current Address and Phone:
Permanent Address and Phone:
()
Parents' Name and Address:
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How long have you lived in the state of Montana?
Date of Birth:
Social Security Number:
Desired Internship session (1st, 2nd, and 3rd choice):
Fall (September - December)
Spring (January - April)
Summer (May - August)
Please give dates you are available:
State specific issue area(s) of interest to you:

ACADEMIC INFORMATION:

School	Address	Dates Attended
If you are currently enrolle	ed in college/university, please answer	the following:
Does your school have a fo	ormal intern program?	
Is academic credit availabl	e for internships?	
How many units?		
Will you be receiving scho	ol credit for this internship?	
Advisor's Name/Daytime	Phone #:	
Year in School:	Graduation Date:	
Major:	GPA:	
Applicable/Related Course	s:	
Career Objectives:		
Campus/Community/Politi	cal Activities and Offices:	
Awards/Acheivements: _		
LOYMENT: Attach co	mplete resume and 3 letters of re-	ference
<u>Employer</u>	Address	<u>Date</u>

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State specific computer experience:
State specific office equipment experience (fax, phones, copier, etc.):
Briefly in two pages, give a short biography, including reason for your interest in this program, what you would like to learn from your internship and how can you benefit the Burns organization.